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## \*BIBDATASHEET\*

CONFIRMATION NO. 7854

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/683,893	<b>FILING OR 371(c) DATE</b> 10/10/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 10745.137.1	
<b>APPLICANTS</b> Herbert R. Radisch JR., San Deigo, CA;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/938,010 08/23/2001 PAT 6,632,231					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/16/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 490					
<b>TITLE</b> APPARATUS FOR SUPPORTING A SEGMENTED BLADE ON A BALLOON CATHETER					
<b>FILING FEE RECEIVED</b> 1200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		